

# Inspection Report

South Dakota Cosmetology Commission  
500 E Capitol Ave Pierre, SD 57501  
605-773-6193 cosmetology@state.sd.us

A.  
SALON OR BOOTH NAME: In Your Corner salon  
ADDRESS: 3018 Canyon Lake Dr. #105 CITY: Rapid City  
OWNER NAME: Scott Whitesell TELEPHONE NUMBER: \_\_\_\_\_  
SALON or BOOTH LICENSE NUMBER: CS-06707-2019 EXPIRATION DATE: 2-1-2019

B. TYPE OF SALON:

1. Salon  
2. Cosmetology (all)  
3. New

Booth Rental  
Hair  
Routine

Home  
Esthetics  
Re-Inspection

Limited  
Nails  
Investigation

Other \_\_\_\_\_

TYPE OF INSPECTION:

C. During all working hours. YES is satisfactory NO is NOT satisfactory SDCL 36-15 ARSD 20:42

- YES ☒ NO ☐ 1. Current licenses; Rules/Regulations, Unregulated Services Sign – Displayed \_\_\_\_\_  
YES ☒ NO ☐ 2. Certified for microdermabrasion and/or electric nail files and/or eyelash extensions \_\_\_\_\_  
YES ☒ NO ☐ 3. Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged \_\_\_\_\_  
YES ☒ NO ☐ 4. First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures \_\_\_\_\_  
YES ☒ NO ☐ 5. Disinfecting agent(s) available at station \_\_\_\_\_  
YES ☒ NO ☐ 6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements \_\_\_\_\_  
YES ☒ NO ☐ 7. Disinfectant container available (large enough) \_\_\_\_\_  
YES ☒ NO ☐ 8. Disinfectant (if mixed) fresh, clean and free from contaminants \_\_\_\_\_  
YES ☒ NO ☐ 9. Clean closed containers - to store only cleaned or disinfected tools \_\_\_\_\_  
YES ☒ NO ☐ 10. Closed, labeled containers for soiled towels, linens, tools \_\_\_\_\_  
YES ☒ NO ☐ 11. Pedicure station and tools clean and disinfected after each use \_\_\_\_\_  
  
YES ☒ NO ☐ 12. Floors clean (no hair or nail clippings) and in good repair \_\_\_\_\_  
YES ☒ NO ☐ 13. Walls, ceilings, fixtures, vents clean and in good repair \_\_\_\_\_  
YES ☒ NO ☐ 14. Plumbing, hot/cold running water and central sewage system \_\_\_\_\_  
YES ☒ NO ☐ 15. Electrical, appliance cords and outlets safe and in good repair \_\_\_\_\_  
YES ☒ NO ☐ 16. Ventilation in work area \_\_\_\_\_  
YES ☒ NO ☐ 17. Restroom, clean with disposable towels, liquid soap \_\_\_\_\_  
YES ☒ NO ☐ 18. Storage room or cabinet for harmful supplies \_\_\_\_\_  
  
YES ☒ NO ☐ 19. Hair work stations clean and disinfected \_\_\_\_\_  
YES ☒ NO ☐ 20. Nail work stations clean and disinfected \_\_\_\_\_  
YES ☒ NO ☐ 21. Esthetics work stations clean and disinfected \_\_\_\_\_  
YES ☒ NO ☐ 22. Waste Containers emptied at least daily \_\_\_\_\_  
YES ☒ NO ☐ 23. Sinks clean and disinfected, no hair or soap scum \_\_\_\_\_  
YES ☒ NO ☐ 24. Hand sanitizer or hand-washing facilities available for use \_\_\_\_\_  
  
YES ☒ NO ☐ 25. Hair tools new and/or clean and disinfected \_\_\_\_\_  
YES ☒ NO ☐ 26. Nail tools new and/or clean and disinfected \_\_\_\_\_  
YES ☒ NO ☐ 27. Esthetics tools new and/or clean and disinfected \_\_\_\_\_  
YES ☒ NO ☐ 28. All single-use items disposed after each use \_\_\_\_\_  
YES ☒ NO ☐ 29. All products are clean, closed, and labeled correctly, includes wax \_\_\_\_\_  
YES ☒ NO ☐ 30. Dispersal tools or equipment is used for products \_\_\_\_\_  
YES ☒ NO ☐ 31. Electrical equipment clean and disinfected (electric clippers, electric files or curling irons) \_\_\_\_\_  
YES ☒ NO ☐ 32. Attachments for electrical equipment clean and disinfected \_\_\_\_\_  
  
YES ☒ NO ☐ 33. Private Residences – separate exit – separate from residential area \_\_\_\_\_  
YES ☒ NO ☐ 34. Other laws and/or rules that apply (list ) \_\_\_\_\_

## D. List of Personal Licensees (first & last)

<u>Scott Whitesell</u>	Lic # <u>00-07146-2018</u>	Expires: <u>8-26-2018</u>
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____
_____	Lic # _____	Expires: _____

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E. Comments: 3 licensees applied in salon

F.

Signature: [Signature] Date: Sept 4, 2018 Time: 10:50  
Inspector signature: [Signature]  
Licensee reviewed inspection report with Inspector YES ☒ NO (if "no" why not) \_\_\_\_\_  
RECHECK \_\_\_\_\_  
FAIL Office #11